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2430 SOUTH ATLANTIC AVENUE SUITEF DAYTONA SHORES, FL 32118       DO NOT WRITE IN THIS SPACE         8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Painda. Len lamilier with, and accept ine obligations of registered agent.         SIGNATURE       Second and a control wave displayed agent and all appliced and if appliced agent.         SIGNATURE       Second agent.         SIGNATURE       Market control agent agent and all appliced agent.         SIGNATURE       Market control agent ag		6. Name and Address of Current Registered	Agent		· · · · · · · · · · · · · · · · · · ·		
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After May 1, 2008 Fee will be \$538.75         9.       MANAGING MEMBERS/MANAGERS         TILE       P         NWE       2430 SOUTH ATLANTIC AVE., STE F         CITY-ST-2P       DAYTONA BEACH, FL 32118         TITLE       NME         SIRET ADDRESS       03/21/08-80057-00.4 138,75         OTT-ST-2P       DO NOT WRITE         ITLE       NME         SIRET ADDRESS       03/21/08-80057-00.4 138,75         DO NOT WRITE       ITLE         NME       SIRET ADDRESS         CITY-ST-2P       DO NOT WRITE         ITLE       NME         SIRET ADDRESS       CITY-ST-2P         ITTLE       NME         SIRET ADDRESS       CITY-ST-2P         ITTE	SIGNATURE.	Signature. lyped or printed name of registered agent and title if applic	able. (NOTE: Registered /	Agent signature required	when (einstalling)	DATE	_
TITLE       P         NME       PECK, JR., EDWIN         STRET ADDRESS       2430 SOUTH ATLANTIC AVE., STE F         DAYTONA BEACH, FL 32118       U0000008502655         DITY-ST-2P       03/21/08-80057-004 138,75         ITTLE       NME         NME       STRET ADDRESS         CITY-ST-2P       DO NOT WRITE         ITTLE       NME         STRET ADDRESS       CITY-ST-2P         ITTLE       STRET ADDRESS         CITY-ST-2P       CITY-ST-2P         ITTLE       STRET ADDRESS         STRET ADDRESS<							
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ITTLE       MME         STREET ADDRESS       CITY-ST-ZP         ITTLE	NAME Street Address				10000 10000	00850265	
STREET ADDRESS       DO NOT WRITE         TITLE       NAME         STREET ADDRESS       CITY-ST-ZIP         11. In the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. Tat 1 am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	TITLE	<u></u>		, <b>i</b> , , ,	03/21/0	8-80057-004 138.75	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Dele Dele Devinte Phone #	JIGHAI		AGING MEMBER, OR AUTHORIZED	REPRESENTATIVE			

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